

NATIONAL Assessment Centre Services

[ver 1 Jan 09]

MMA 1200 48387

Date In: 28/5/20 17:36	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA1 MC 200 06013 164	E-mail (within 3hrs, AIC 2hrs)		
Veh No: GBJ 5264 X	1-Motor Claim Form	MT11093319-02	29/5/20 09:33
ICCA: 27/5/20 13:45	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD - IP / Reporting Only	1-Photo Uploaded		
IP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

IP Particulars:

Veh No:

SLG 5080 G.

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%)

[Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]

Year of Registration: (

Warranty: YES (

) / NO (

)

Excess: (\$

) Loading: \$1,000 (

) / \$2,000 (

)

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In (

) / Towed-In (

); Invoice: YES (

) / NO (

); Towing Co: (

)

Remarks:

(INC Ref No: 6788 6616)

Date & Time Completed:

Done by:

1) Apply for Transport Allowance (

) / Courtesy Car (

)

2) QC Check / Post Repair Inspection

()

3) Upload Resurvey Photo [Repair Cost > \$3000]

()

Injury:

Date/Time:

Actions:

MA 200 3074

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. No:

Date:

Invoice Breakdown (Checklist)

Am (\$)

R-Add (\$)

1) AR: Accident Reporting (\$30):

30.00

2) DA: Damage Assessment (\$100):

INC (\$50)

3) TP: Towing Fee

\$40/\$45

4) FT: Follow-Through Survey

\$120

5) FT: Follow-Through Survey (Resurvey)

\$30

For claimant against INC Only (w/c 10 Jan 2009)

6) TR: Re-inspection

\$75

7) N1: Idno DA + SMRT Survey

\$160

8) NTUC Additional Services:

OD:

* N5: Courtesy Car / Tpt Allowance

\$5

* N6: Repair Co-ordination

\$10

* N7: Post Repair Inspection

\$25

* N8: DV / Collect Excess Coordination

\$5

* N11: TP (N/A INC) against INC

\$20

* N12: Idno Mobile

\$0

Invoice dated

Fee Charged

Invoice dated

Fee Charged

TOTAL

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	28/05/2020 17:36
Date Of Accident	27/05/2020 13:45
Exact Location Of Accident	70 SOUTH BUONA VISTA CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ5264X
Insured/Policyholder	
Name Of Registered Owner	LPH CATERING
Co Reg No	5XXXX165B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64747866

Vehicle Particulars

Manufacturer	TOYOTA
Model	PROACE
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109568304-01
Cover Note Number	

Driver

Name of Driver	LEE SHAO FU MARK
NRIC No	SXXXX049Z
Date Of Birth	21/02/1989
Occupation	OUTDOOR
Date Of Driving Pass	16/02/2008
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98178362
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 66 TELOK BLANGAH DR #06-208
Postcode	100066
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG5080G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MELVIN
NRIC/Passport Number	
Contact Number	97520883
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

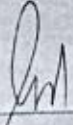
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

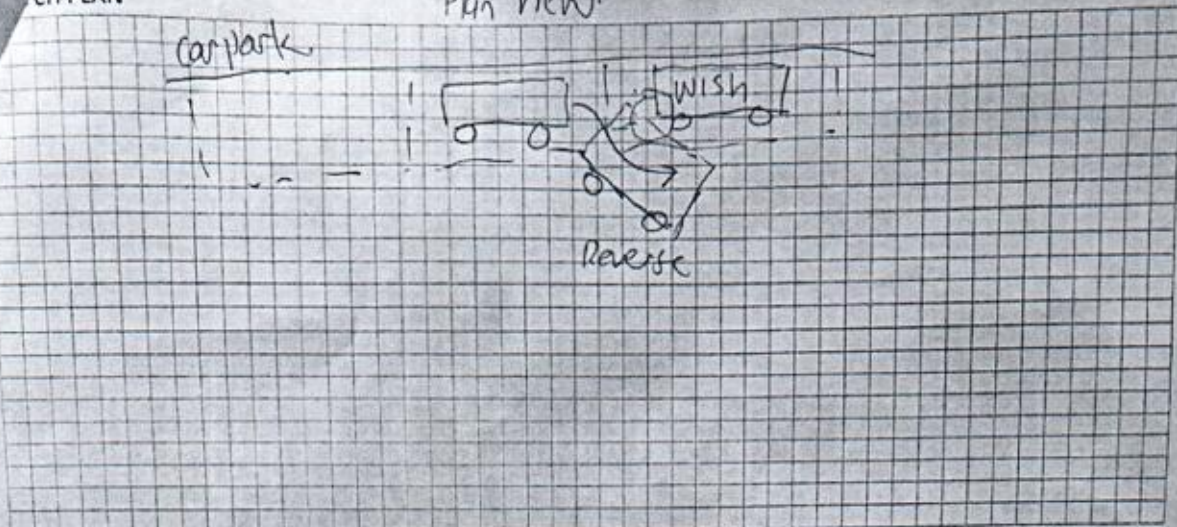

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

CH PLAN

Plan View.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On. 27/5/20 11:50 am. I was doing delivery at 70 buoro vista road. While I was reversing, my side of my vehicle hit the Rear Right of the Toyota Wish. SLG50806.

The damage of the vehicle is as shown in the photo taken.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 22 / 5 / 20 (DD/MM/YYYY), TIME: 13 : 45 (HH:MM)

LOCATION: 70 South Buona Vista Carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBS 5264X
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5109568304
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Toyota Road
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: LH Catering (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 51860165 B CONTACT: 6474 7866
 c) ADDRESS: 4008 Depot Lane #01-88
5106762

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lee Siao Fu Male (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 589070497 CONTACT: 9817 8362
 c) ADDRESS: 66 de Zetole Blangah Dr #06-208
5100666

* d) DATE OF BIRTH: 21 / 02 / 1984 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 12

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: CLEAR RAINING / OTHERS _____

b) ROAD SURFACE: DRY WET / OTHERS _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLG 5080G MODEL: Toyota Wish
 b) DRIVER'S NAME: McLvin
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 9752 0883

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email =

fax =

video =

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="27/05/2020 13:40"/>
Vehicle No.(For Motor)	<input type="text" value="GBJ5264X"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109568304-01		LPH CATERING	52860165B	GCV	Comprehensive	GBJ5264X	GBJ5264X	24/05/2020	23/05/2021

Claim Handling

Accident MT/1093319

Policy No.	5109568304-01	Vehicle No.	GBJ5254X	GST Registrati
Certificate No.				
Policyholder Name	LPH CATERING			Policyholder NI
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	28/05/2020 09:28	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	27/05/2020	Time of Accident hh:mm	11:55	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	70 SOUTH BUONA VISTA ROAD CARPARK (NACLI)			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess		Driver is Cover
Additional Excess				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

▼ Benefits

Coverage	Sum Insured
PAB	99999999.99

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	25/11/2016
GST Registration No.	M90371251L	GST Status Verified	Yes
Modification History	28/05/2020 09:28:51 System changed GST Registered from No to Yes 28/05/2020 09:28:51 System changed GST Registration No. from null to M90371251L 28/05/2020 09:28:51 System changed GST Registration Date from null to 25/11/2016		

▼ Policyholder Mailing Address

Address 1	70 SOUTH BUONA VISTA ROAD	Address 2	NATIONAL COMMUNITY LEADER	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5109568304-01	

▼ OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	LPI
Contact No.(Mobile)		Contact No. (Home)	NIL
Email Address		OI Vehicle Number	GB
Claim Description	GBJ5254X / SLG5080G ON 27 May 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Workshop No.		Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation	Yes	GIA report	Received
Date Registered			29/05/2020 09:32
Report Taken By			SHAN HUI

☒ Print AK letter

Save Submit

Attachment

Accident No. MT/1093319 Claim No. 002
 Last Doc. Received ☒ Yes ☐ No Upload Date 29/05/2020 09:33

Path *

Category *

Confider

Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen

Clear Please Select NO
 Clear Please Select NO
 Clear Please Select NO
 Clear Please Select NO
 Clear Please Select NO
 Clear Please Select NO

Message Board

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 May 2020 09:33	SAS	Normal	S
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 May 2020 09:33	NRIC/ Driving License	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 May 2020 09:33	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 May 2020 09:33	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 May 2020 09:33	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 May 2020 09:33	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 May 2020 09:33	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 May 2020 09:32	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 May 2020 09:32	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 May 2020 09:32	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 May 2020 09:32	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 May 2020 09:32	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 May 2020 09:32	Photos	Normal	Ph

Video List

Uploaded By/Date	Folder Date	File Name	
		Display in New Window	Scan and uploading